(M)

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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
(City/State/ZIp/Phone #)							
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(Business Entity Name)							
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COVER LETTER

TO:	Registration Section Division of Corpora							
SUBJECT: TRG East TN MHC ASM LLC								
0000		Name	of Lin	nited L	iability Com	pany		
Dear S	Sir or Madam:							
The c	nclosed Registered Ag	cnt/Registered Offic	c Chan	gc and	fcc(s) arc su	bmitted for filing.		
Please	rcturn all correspond	ence concerning this	matter	to the	following:			
	Dyl	an Marma						
		mc of Pcrson						
	TRG East 1	N MHC ASM L	.LC					
	Fir	m/Company						
	401 East Ja	ckson Suite 33	300					
	A	ddress						
	Tam	pa, FL 33602						
	City/St	atc and Zip Codc			<u> </u>			
	dylan@th	erequitygroup	.com					
	E-mail address: (to be	used for future annu-	al rcpor	t notifi	cation)			
For fu	rther information con-	cerning this matter, p	lcase ca	all:				
	Dylan Ma	rma	at (+1)	619.535.1000		
	Name of Pe	rson	(Arca Code	& Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations			Division The Cent 2415 N.	ddress: cion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303		
Enclosed is a check for the following amount:								
	■ \$25 Filing Fcc			□ \$5	55 Filing Fee	& Certified Copy		
INHSI	8 (2/14)							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company:TRG Eas	liability company: TRG East TN MHC ASM LLC					
2. 1	(a)	401 East Jackson Suite 3300 Tampa, FL 33602	(b) 1032 E BRANDON BLVD #2636 Brandon, FL 33511					
<u> </u>	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (u)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3.		Date of filing/registration in Florida	- 4.	L33	Document number			
5.	(a)	Dylan Marma						
٠.	(u)	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of St	ate:			
		401 East Jackson Suite 3300						
		Registered Office Address (MUST BE FLORIDA STREET AD	DRESS	<u>5)</u>				
					: E			
		Tampa, FL		33602	TALE AHASSEC			
ſ	(b)	Virtual Post Solutions, Inc.			(1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
		Enter name of NEW Registered Agent and/or NEW Registered O	ffice ac	ldress:	- Set			
		1032 E Brandon Blvd.						
		NEW Registered Office Address:						
		BrandonFL	33	511	_			
cha age was	nge nt w s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	gister ility co the lin	ed office a impany, it nited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in			
Si	gnaf	ure of a member or authorized representative of a member			Printed or typed name of signee			
pro the to n noti	visio obli iere fied	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per guitons of my position as registered agent as provided five reflect a change in the registered office address. I held in writing of this change. Collect Sons cof Registered Agent	e to act erform for in (reby c	in this cap ance of my Chapter 60 onfirm tha	pacity. I further agree to comply with the valuties, and I am familiar with and accept 05, F.S. Or, if this document is being filed to the limited liability company has been			